

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - <u>9262</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / 2004 Through <u>12</u> / <u>31</u> / 2004
3 Name and address of person filing Name <u>Samuel</u> <u>L</u> <u>Purdy</u> P O Box, Bldg, Room No, if any _____ Street <u>5954 HWY ZC</u> City <u>Dousman</u> State <u>Wisconsin</u> ZIP Code + 4 <u>53118-9597</u>	4 Name, file number, and address of labor organization Name <u>IBEW Local Union 494</u> Labor Organization File Number <u>040-471</u> P O Box, Building and Room Number, if any _____ Street <u>3303 South 103rd Street</u> City <u>Milwaukee</u> State <u>Wisconsin</u> ZIP Code + 4 <u>53227-4108</u>
5 Position in labor organization _____	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction, or Income _____ _____ _____ 7 b Amount _____

Signature

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed

*Samuel Purdy*

On

8-12-05

Date

414-327-5202

Telephone Number

Name of Person Filing Samuel Purdy

File Number U-

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

**8 Name and address of Business (including trade name, if any)**

Name Robert W Baird &amp; Co Inc

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 777 East Wisconsin Avenue

City Milwaukee

State Wisconsin ZIP Code + 4 53202-5391

**9 Business deals with**☐ a Labor Organization☒ b Trust☐ c Employer**10 If 9 b or 9 c is checked give trust or employer's name**

Name ECI Pension Plan

Trade Name, if any

P O Box, Bldg, Room No, if any P O. Box 14277

Street 115 South 84th Street Ste 110

City Milwaukee

State Wisconsin ZIP Code + 4 53214-1473

**11 a Nature of such dealing**

Investment Manager

**11 b Approximate dollar value of such dealing**

\$80,334

**12 a Nature of interest held or income received**

Conference Logistics, Food, Lodging, and Activities

**12 b Amount**

\$709

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

**13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)**

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

**14 a Nature of payment**13 b Is the Business an Employer ☐ or Consultant ☐ ?**14 b Amount of payment**





U S Department of Labor  
Office of Labor-Management Standards  
Washington, DC 20210

To whom it may concern

The transactions, dealing and interests that are in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted

If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30

Samuel Rind  
Signature

August 12, 2005  
Date